

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10695159

FILING DATE
10-28-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	4	←	←	←	←	
TOTAL CLAIMS	5	█	█	█	█	█

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS		█	█	█	█	█